

*"Where every student is a Champion!"*

## PRE-PARTICIPATION PHYSICAL EVALUATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Examination: _____		Height: _____	Weight: _____	Pulse: _____	BP: _____
Vision: R20/ _____ L20/ _____		Pupils: ___Equal ___Unequal		Glasses/Contacts: ___Yes ___No	
	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>			<b>INITIALS</b>
<b>MEDICAL</b>					
Appearance					
Skin					
Eyes/Ears/Nose					
Throat/Oropharynx					
Lymph Nodes					
Heart					
Pulses					
Lungs					
Abdomen					
Genitalia/Hernia					
<b>MUSCULOSKELETAL</b>					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Hand					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot					

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

NOT Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ MD / DO / NP / PA-C